

*Food Carriers
at
Heber Hospital*

HUSBAND						Lewis F DAVIS						Husband					
Born _____						Place _____						Wife					
Chr. _____						Place _____						Ward Examiners: 1. _____ 2. _____					
Marr. _____						Place _____						Stake or Mission _____					
Died _____						Place _____											
Bur. _____						Place _____											
HUSBAND'S FATHER _____						HUSBAND'S MOTHER _____						NAME & ADDRESS OF PERSON SUBMITTING SHEET _____ _____					
HUSBAND'S OTHER WIVES _____												RELATION OF ABOVE TO HUSBAND _____ RELATION OF ABOVE TO WIFE _____					
WIFE						Margaret A VANDERPOOL						FOUR GENERATION SHEETS FOR FILING ONLY YES <input type="checkbox"/> NO <input type="checkbox"/>					
Born _____						Place _____						DATE SUBMITTED TO GENEALOGICAL SOCIETY _____					
Chr. _____						Place _____											
Died _____						Place _____											
Bur. _____						Place _____											
WIFE'S FATHER _____						WIFE'S MOTHER _____						LDS ORDINANCE DATA					
WIFE'S OTHER HUSBANDS _____												BAPTIZED (Date) _____ ENDOWED (Date) _____ SEALED (Date and Temple) WIFE TO HUSBAND _____					
SEX CHILDREN WHEN BORN WHERE BORN DATE OF FIRST MARRIAGE WHEN DIED						DAY MONTH YEAR						WIFE					
M List each child (whether living or dead) in order of birth Given Names SURNAME DAY MONTH YEAR TOWN COUNTY STATE OR COUNTRY TO WHOM																	
F																	
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
SOURCES OF INFORMATION						OTHER MARRIAGES						NECESSARY EXPLANATIONS					

RECORD

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